



**SEAN BRENNAN**  
Chief Housing and Zoning Inspector

## City of Willowick

31230 VINE STREET  
WILLOWICK, OHIO 44095

**BUILDING DEPARTMENT**  
Phone: 440-516-3000  
Fax: 440-585-3776  
Email: sbrennan@cityofwillowick.com

Dear Business Owner:

Enclosed is an application for your Commercial Establishment License, along with a fee schedule, for the year 202 , which is from January 1, 202 to December 31, 202..

Please furnish all information requested on the application and submit it along with your payment (checks should be made payable to the City of Willowick) by December 31, 202 . Upon receipt of the completed application and payment, your Commercial Establishment License will be sent to you.

Thank you for your prompt attention to this matter.

Sincerely,

Sean Brennan  
Chief Housing & Zoning Inspector

SB/hkb

Enclosures

APPLICATION TO BE COMPLETED IN FULL

CITY OF WILLOWICK  
WILLOWICK BUILDING DEPARTMENT  
31230 VINE STREET  
WILLOWICK, OH 44095  
440-516-3000

APPLICATION FOR LICENSE OF COMMERCIAL ESTABLISHMENT

DATE DUE: JANUARY 1, 202 DATE: \_\_\_\_\_

ANNUAL FEE \$ \_\_\_\_\_  
(PLEASE REMIT)

Name of Commercial Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_ SQ. FOOTAGE: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Building Owner: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Exact Business to be Conducted: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

List full name and residence of each partner (or principal officers if a corporation).

1. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Hours of Operation: \_\_\_\_\_

5. Type of business (check) Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corp. \_\_\_\_\_  
Other (specify) \_\_\_\_\_

6. Accounting Information: Federal ID Number \_\_\_\_\_  
Social Security No. (if sole proprietorship) \_\_\_\_\_  
Calendar Year \_\_\_\_\_ or Fiscal Year \_\_\_\_\_

7. Name/address of bookkeeper/accountant \_\_\_\_\_

8. Are there now or will there be employees working or residing in willowick?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate Number \_\_\_\_\_

9. Will other payments be made for services rendered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Circle type: Commission, bonus, subcontractors, Director's fees, other  
(specify) \_\_\_\_\_

List any unusual condition connected with said commercial operation that would have a special effect upon the public health, safety or welfare.

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List full name, address, residence telephone number and e-mail address of the person responsible for the operation, control and maintenance of said commercial operation.

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**CODIFIED ORDINANCE "755.99 PENALTY.**

Whoever violates any provision of this chapter is guilty of a misdemeanor and, upon conviction, shall be fined not more than five hundred dollars (\$500.00) or imprisoned not more than six months, or both. Each day's continued violation shall constitute a separate offense." (Ord. 75-38. Passed 7-21-75)

I do hereby acknowledge my responsibility under Chapter 755 of the Codified Ordinances of the City of Willowick and I am fully aware of the requirements of the same.

**INCOMPLETE APPLICATIONS WILL NOT BE RETURNED**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
**(FOR CITY USE ONLY)**

License No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Approved \_\_\_\_\_

Receipt # \_\_\_\_\_

\_\_\_\_\_  
**Building Inspector**

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# BUSINESS REGISTRATION FORM 48

MUNICIPALITY \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) \_\_\_\_\_

FILING STATUS:  CORPORATION  ESTATE/TRUST  LLC  NON-PROFIT  PARTNERSHIP  S-CORP.  SOLE PROPRIETOR

### RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY? \_\_\_\_\_

### PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS \_\_\_\_\_  TRANSPORTATION  NON MANUFACTURING  MANUFACTURING  WHOLESALE  
 RETAIL  FINANCE  SERVICES  PUBLIC ADMINISTRATION  NON CLASSIFICATION

### EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE)  YES  NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE)  YES  NO  
\*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION

NUMBER OF EMPLOYEES AT RITA LOCATION: \_\_\_\_\_ MONTHLY GROSS PAYROLL AT RITA LOCATION: \_\_\_\_\_

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY?  YES  NO

### SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CARE OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

### PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

### SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CARE OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

REGIONAL INCOME TAX AGENCY  
ATTN: BUSINESS REGISTRATION  
P.O. BOX 477900 BROADVIEW HEIGHTS, OHIO 44147-7900

CLEVELAND LOCAL (440) 526-0200  
FAX (440) 526-3138

COLUMBUS LOCAL (614) 538-6612  
700 (440) 546-5222

YOUNGSTOWN LOCAL (330) 743-0100  
TOLL FREE 1 (800) 860-RITA (7403)

ORDINANCE NO. 13-53

AN ORDINANCE AMENDING CHAPTER 755 OF THE CODIFIED ORDINANCES OF THE CITY OF WILLOWICK, OHIO, TITLED "COMMERCIAL ESTABLISHMENTS"; SPECIFICALLY AMENDING SECTION 755.03, TITLED "PERMIT FEE; EXPIRATION"; AND DECLARING AN EMERGENCY.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF WILLOWICK, COUNTY OF LAKE, STATE OF OHIO:

SECTION 1. Chapter 755 of the Codified Ordinances of the City of Willowick, Ohio, titled "Commercial Establishments"; specifically, Section 755.03 titled "PERMIT FEE; EXPIRATION"; is hereby amended to read and provide as follows:

**755.03 PERMIT FEE; EXPIRATION.**

The Commercial Establishment Permit fee charged by the Building Inspector shall be in accordance with the following schedule:

<u>Area of Commercial Establishment in Square Feet</u>	<u>Permit Fee Per Year or Fraction of Year</u>
1,000 and less	\$ 80.00
1,001 to 5,000	90.00
5,001 to 10,000	100.00
10,001 to 15,000	110.00
15,001 to 20,000	120.00
20,001 to 25,000	130.00
25,001 to 30,000	140.00
30,001 to 35,000	150.00
35,001 to 40,000	160.00
40,001 to 45,000	170.00
45,001 to 50,000	180.00
50,000 and over	190.00

Each Commercial Establishment Permit shall expire on December 31. In the event that the Building Inspector does not receive the Commercial Establishment permit fee by December 31, the Commercial Establishment shall pay a penalty equal to one-half of the scheduled permit fee. The penalty shall be in addition to the permit fee set forth in the above schedule.

SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the passage of this Ordinance were conducted in an open meeting of this Council and that all deliberations of this Council and any of its committees that resulted in such actions were conducted in meetings open to the public in compliance with all legal requirements including Chapter 107 of the Codified Ordinances of the City of Willowick.

SECTION 3. This Ordinance constitutes an emergency measure in that the same provides for the immediate preservation of the public peace, health, safety and welfare of the inhabitants of the City of Willowick; wherefore, this Ordinance shall be in full force and take effect immediately upon its passage by Council and approval by the Mayor.